



1-13-05

IFW\$

PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number		10/785,139			
(to be used for all correspondence after initial filing)		Filing Date		February 23, 2004			
		First Named Inventor		Michael A. Egan			
		Art Unit		3643			
		Examiner Name		J. Gellner			
Total Number of Pages in This Submission		11		Attorney Docket Number		10476US10	
ENCLOSURES (check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form		<input type="checkbox"/> Drawing(s)		<input type="checkbox"/> After Allowance Communication to TC			
<input checked="" type="checkbox"/> Fee Attached		<input type="checkbox"/> Licensing-related Papers		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input checked="" type="checkbox"/> Amendment/Reply		<input type="checkbox"/> Petition		<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> After Final		<input type="checkbox"/> Petition to Convert to a Provisional Application		<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address		<input type="checkbox"/> Status Letter			
<input checked="" type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Terminal Disclaimer		<input checked="" type="checkbox"/> Return-Receipt Postcard			
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Request for Refund		<input type="checkbox"/> Other Enclosure(s) (please identify below):			
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> CD Number of CD(s) _____					
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/> Landscape Table on CD					
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application							
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53							
Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual Name		McAndrews Held & Malloy, Ltd.					
Name (Print/type)		Michael B. Harlin		Registration No. (Attorney/Agent)		43,658	
Signature						Date: January 12, 2005	
EXPRESS MAIL DEPOSIT							
"Express Mail" mailing label number : EV436255710US							
Date of Deposit January 12, 2005.							